

# PREVIEW REGISTRATION FORM

To allow personal attention for Preview participants, space is limited at each session. To register, select the sessions you are able to attend, rank the dates in order of priority on the registration form and return it with your payment to the address below. After we receive your reservation, we will send you a confirmation, including information about parking and directions to campus to make sure you get to Preview without any difficulties. Please send in your registration form and fee by May 23, 2003. Registrations will be handled in the order in which they are received; we cannot guarantee your first choice.

Student name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Marquette ID: \_\_\_\_\_ - \_\_\_\_\_

Daytime telephone (\_\_\_\_\_) \_\_\_\_\_

## Special Services for Persons with Disabilities

If you are a person with a disability and wish to arrange for accommodation services, please check the box below. If you register by the registration deadline, May 23, 2003, a Preview staff member will contact you and help arrange services.

☐ Check if services for persons with disabilities are requested.

## Preview Session

First decide if you would like to attend an overnight or one-day program. Then rank your preference for Preview sessions by placing the appropriate number in the blank next to the date in the appropriate column (1 = 1st choice, 2 = 2nd choice, 3 = 3rd choice, 4 = 4th choice).

### Overnight

\_\_\_\_\_ June 15 – 16

\_\_\_\_\_ June 19 – 20

\_\_\_\_\_ June 22 – 23

\_\_\_\_\_ June 26 – 27

### One day

\_\_\_\_\_ June 16

\_\_\_\_\_ June 20

\_\_\_\_\_ June 23

\_\_\_\_\_ June 27

Names of parent(s)/guest(s) attending (please print names as you would like them on name tags):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Fees

### Overnight Program (includes one-day program fees)

**Student Fee:** \$35 per person \_\_\_\_\_ x \$35 = \_\_\_\_\_

(includes program, housing on campus and three meals)

**Parent(s)/Guest(s) Fee:** \$35 per person

(includes program and three meals)

Number of parents/guests attending: \_\_\_\_\_ x \$35 = \_\_\_\_\_

**Parent(s)/Guest(s) Housing:** \$15 per person

Number of parents/guests staying in residence halls: \_\_\_\_\_ x \$15 = \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED** \_\_\_\_\_

### One-day Program

**Student Fee:** \$25 per person \_\_\_\_\_ x \$25 = \_\_\_\_\_

(includes program and two meals)

**Parent(s)/Guest(s) Fee:** \$25 per person

(includes program and two meals)

Number of parents/guests attending: \_\_\_\_\_ x \$25 = \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED** \_\_\_\_\_

## Method of Payment

### No refunds will be given after June 1, 2003

☐ Enclosed is a check or money order for the total amount payable to Marquette University.

Please charge my: ☐ Visa ☐ Mastercard

Visa and Mastercard are the only credit cards accepted.

Marquette reserves the right to make any adjustments and/or refunds to your credit card for this transaction.

Account number \_\_\_\_\_

Expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_

Card holder's signature \_\_\_\_\_

Date \_\_\_\_\_

If you are paying by credit card, form may be faxed to (414) 288-3149. If you fax your registration, please do not mail it also, as duplicate charges may result.

Financial assistance for this program is available for families with demonstrated financial need. Please contact the Office of Student Development for information.

**Registration form must be received no later than May 23, 2003.**

Please return fees and this registration form in the enclosed business reply envelope to:

Marquette University  
Office of Student Development  
Alumni Memorial Union, Room 329  
P.O. Box 1881  
Milwaukee, WI 53201-1881

### FOR OFFICE USE ONLY:

Date Received \_\_\_\_\_

Check # \_\_\_\_\_

Amount Received \_\_\_\_\_

CC Authorization # \_\_\_\_\_